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Image# 201507319000545035

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   Fo	or Other Than Ar	n Authorized Co	ommittee		Office Use Only
I. NAME OF T	TYPE OR PRINT ▼	Example over the	e: If typing, type e lines.	12FE4M5	
AMERICAN SOCIETY	OF INTERVEN	TIONAL PAIN	PHYSICIAN F	PAC	
ADDRESS (number and street)	2831 Lone Oak Road	3			
Check if different than previously reported. (ACC)	Paducah			KY _	42003
2. FEC IDENTIFICATION NUI	MBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00351197		3. IS THIS REPORT	× NEW OR	AM (A)	ENDED
1. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2	(C) 12-Day	ion	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  nary (12P)  evention (12C)	Sep	
October 15 Quarterly Report (Q3  January 31 Year-End Report (YE  July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	Election on	meral (30G)	Runoff (3	in the State of
Termination Report (TER)	перитти	Election on	/ D D /	Y = Y = Y = Y	in the State of
5. Covering Period 01	/ D D / Y D O 1	y y y 2015 t	hrough 06	30	2015
certify that I have examined this	•	-	lge and belief it is tr	ue, correct and	complete.
Type or Print Name of Treasurer  Signature of Treasurer  Laxma	Laxmaiah Manchikanii MD		ctronically Filed]	Date 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroned	ous, or incomplete info	ormation may subjec	t the person signing	this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		317316.34
	(b) Cash on Hand at Beginning of Reporting Period	317316.34	
	(c) Total Receipts (from Line 19)	101160.84	101160.84
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	418477.18	418477.18
7.	Total Disbursements (from Line 31)	95545.17	95545.17
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	322932.01	322932.01
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

R	eport Covering the Period: From: 01	01 / 2015 To:	06 30 2015				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other						
	Than Political Committees  (i) Itemized (use Schedule A)	87083.70	87083.70				
	(ii) Unitemized(iii) TOTAL (add	1820.34	1820.34				
	Lines 11(a)(i) and (ii)	88904.04	88904.04				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	88904.04	88904.04				
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
	to Federal Candidates and Other Political Committees	750.00	750.00				
	Other Federal Receipts (Dividends, Interest, etc.)	11506.80	11506.80				
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	101160.84	101160.84				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	101160.84	101160.84				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal	iotal illio i cilou	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fadaral Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	19530.17	19530.17
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	19530.17	19530.17
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	75000.00	75000.00
Independent Expenditures	0.00	0.00
(use Schedule E)	5.00	3 3
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	1015.00	1015.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(W) W W	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
(b) Federal Election Activity Paid Entirely  With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	95545.17	95545.17
Table School Bit and a		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	95545.17	95545.17

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	88904.04	88904.04
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88904.04	88904.04
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	19530.17	19530.17
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	19530.17	19530.17

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	6	OF	41				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  Sheri Albers DO		Date of Receipt
Mailing Address 2178 Morley Way		01 28 2015
City	State Zip Code	Transaction ID : SA11AI.11480
Sacramento	CA 95864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Anthony Alexander		Date of Receipt
Mailing Address 3809 Muirfield Drive		06 29 / 2015
City	State Zip Code	Transaction ID : SA11AI.11542
New Albany	IN 47274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	167.00
Name of Employer	Occupation	Contribution
Pain Medicine & Rehab Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  334.00	
Full Name (Last, First, Middle Initial)  Sanjay Bakhshi MD		Date of Receipt
Mailing Address 254 Stafford Avenue		04 10 2015
City Staten Island	State Zip Code NY 10312	Transaction ID : SA11AI.11504  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer	Occupation	Contribution
Neuroscience Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate real-to-bate ▼	
	<u> </u>	5532.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  Timothy Beacham MD  Mailing Address 357 South Ganwyn Park Dri	ve	Date of Receipt
City	State Zip Code	05 15 2015 Transaction ID : SA11AI.11519
Greenville	MS 38701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	170.00
Name of Employer	Occupation	Contribution
Premier Anesthesia Receipt For:	Physician	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  340.00	
Full Name (Last, First, Middle Initial)  Timothy Beacham MD  Mailing Address 357 South Ganwyn Park Driv	/e	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.11551
Greenville	MS 38701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	170.00
Name of Employer Premier Anesthesia	Occupation	Contribution
Receipt For:	Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  510.00	
Full Name (Last, First, Middle Initial)  Jason Brajer MD		Date of Receipt
Mailing Address 601 Cornerstone Lane		06 08 2015
City Bryn Mawr	State Zip Code PA 19010	Transaction ID : SA11AI.11526  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Self Receipt For:	Physician	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	840.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE 1	PAGE	8	OF	41		
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
/	ERVENTIONAL PAIN PHYSICIAN	I PAC				
Full Name (Last, First, Middle Initial)  A. Daniel Bruning MD  Mailing Address 40504 Materia		Date of Receipt				
Mailing Address 10501 Metcalf		06 09 2015				
City	State Zip Code KS 66213	Transaction ID : SA11AI.11524				
Overland Park	KS 66213	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	5000.00				
Name of Employer Pain Care	Occupation Physician	Contribution				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	5000.00					
Full Name (Last, First, Middle Initial)  3. Allen Burton MD	1	Date of Receipt				
Mailing Address 3738 Belle Fontaine		02 27 2015				
City	State Zip Code	Transaction ID : SA11AI.11485				
Houston	TX 77025	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer MD Anderson	Occupation Physician	Contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)  C. Kenneth Chapman MD	<u> </u>	Date of Receipt				
Mailing Address 860 Fifth Avenue		04 17 2015				
City New York	State Zip Code NY 10065	Transaction ID : SA11AI.11512				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00				
Name of Employer	Occupation	Contribution				
The Spine and Pain Institute	Physician					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	2500.00					
SUBTOTAL of Receipts This Page (optional)		7750.00				
TOTAL This Period (last page this line number	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	9	OF	41
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
١.	Full Name (Last, First, Middle Initial) Harold Dalton		Date of Receipt
	Mailing Address 6000 N Federal Highway		04 28 2015
	City Fortland	State Zip Code FL 33308	Transaction ID : SA11AI.11545
		1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
	Name of Employer Florida Spine Specialists	Occupation Physician	Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	416.67	
3.	Full Name (Last, First, Middle Initial) Harold Dalton		Date of Receipt
	Mailing Address 6000 N Federal Highway	05 28 2015	
	City Fortland	State Zip Code FL 33308	Transaction ID : SA11AI.11548
	FEC ID number of contributing	C 33306	Amount of Each Receipt this Period 416.67
	federal political committee.		Contribution
	Name of Employer Florida Spine Specialists	Occupation Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	833.34	
).	Full Name (Last, First, Middle Initial) Harold Dalton		Date of Receipt
	Mailing Address 6000 N Federal Highway		06 29 2015
	City Fortland	State Zip Code FL 33308	Transaction ID : SA11AI.11543  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
	Name of Employer	Occupation	Contribution
	Florida Spine Specialists Receipt For:	Physician	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1250.01	
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.01
T	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  John Dombrowski MD  Mailing Address 5123 Watson St., NW		Date of Receipt
City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20016	O1 28 2015 Transaction ID : SA11AI.11475 Amount of Each Receipt this Period
Name of Employer  self  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Contribution
Full Name (Last, First, Middle Initial)  John Dombrowski MD  Mailing Address 5123 Watson St., NW	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20016	Transaction ID : SA11AI.11528  Amount of Each Receipt this Period  1000.00
Name of Employer self  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  2000.00	Contribution
Full Name (Last, First, Middle Initial)  Cynthia Drake MD  Mailing Address 3 S Street  City	State Zip Code	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Lake Lotawana  FEC ID number of contributing federal political committee.	MO 64086	Transaction ID : SA11AI.11525  Amount of Each Receipt this Period  5000.00
Name of Employer  Pain Care  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  5000.00	_ Contribution
SUBTOTAL of Receipts This Page (optional	)	7000.00
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC					
Full Name (Last, First, Middle Initial)  A. Richard Epter MD  Mailing Address P.O. Box 211839		Date of Receipt					
City Augusta	State Zip Code GA 30917	Transaction ID : SA11AI.11477  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer  Augusta Pain Center	Occupation Physician	- Contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00						
Full Name (Last, First, Middle Initial)  3. J.H. Fairbanks MD  Mailing Address P.O. Box 301		Date of Receipt					
City	State Zip Code	03 03 2015 Transaction ID : SA11AI.11489					
Vidalia  FEC ID number of contributing federal political committee.	LA 71373	Amount of Each Receipt this Period					
Name of Employer Self-employed	Occupation Physician	Contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00						
Full Name (Last, First, Middle Initial)  J. J.H. Fairbanks MD		Date of Receipt					
Mailing Address P.O. Box 301		04 10 2015 _					
City Vidalia	State Zip Code LA 71373	Transaction ID : SA11AI.11552  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer Self-employed	Occupation Physician	Contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00						
SUBTOTAL of Receipts This Page (optional	ı) <b>&gt;</b>	800.00					
	nber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  J.H. Fairbanks MD  Mailing Address P.O. Box 301		Date of Receipt
		05 05 2015
City Vidalia	State Zip Code LA 71373	Transaction ID : SA11AI.11516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self-employed	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  J.H. Fairbanks MD  Mailing Address P.O. Box 301	Date of Receipt	
City Vidalia	State Zip Code LA 71373	Transaction ID : SA11AI.11527  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Self-employed	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)  Mark Fallows MD		Date of Receipt
Mailing Address 120 SE 2nd Avenue		04 02 _ 2015 _
City Crystal River	State Zip Code FL 34429	Transaction ID : SA11AI.11495  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	5300.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Vincent Galan		Date of Receipt
Mailing Address 4231 Ridgehurst Dr.		04 10 2015
City Smyrna	State Zip Code GA 30080	Transaction ID : SA11AI.11508  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer Riverdale Anasthesia	Occupation Physician	- Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  Mark Goodson MD	•	Date of Receipt
Mailing Address 116 Rose St.	04 09 2015	
City Mooresville	State Zip Code NC 28117	Transaction ID : SA11AI.11503  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Rehab Med & Pain Center	Occupation Pysician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  C. Bill Haney MD		Date of Receipt
Mailing Address 4205 Springhurst Blvd #101		05 15 2015
City Louisville	State Zip Code KY 40241	Transaction ID : SA11AI.11546  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer ELIPS, PLLL	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.34	
SUBTOTAL of Receipts This Page (optiona	l)	7166.67
	aber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  A. Bill Haney MD  Mailing Address 4205 Springhurst Blvd		Date of Receipt
#101 City Louisville	State Zip Code KY 40241	06 15 2015  Transaction ID : SA11AI.11540  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67 Contribution
Name of Employer  ELIPS, PLLL  Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.01	
Full Name (Last, First, Middle Initial)  Paul Hubbell MD  Mailing Address 236 W. Livingston Place	Date of Receipt  02 27 2015	
City Metairie	State Zip Code LA 70005	Transaction ID : SA11AI.11486  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	833.34
Name of Employer Southern Pain	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  833.34	
Full Name (Last, First, Middle Initial)  Paul Hubbell MD	•	Date of Receipt
Mailing Address 236 W. Livingston Place	Otata Zin Onda	03 27 2015
City Metairie	State Zip Code LA 70005	Transaction ID : SA11AI.11492  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Southern Pain	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	1416.68
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  A. Paul Hubbell MD  Mailing Address 236 W. Livingston Place		Date of Receipt
City	State Zip Code	04 28 2015 Transaction ID : SA11AI.11513
Metairie  FEC ID number of contributing federal political committee.	LA 70005	Amount of Each Receipt this Period 416.67
Name of Employer  Southern Pain  Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	
Full Name (Last, First, Middle Initial)  Paul Hubbell MD  Mailing Address 236 W. Livingston Place		Date of Receipt    M = M   / D = D   / Y = Y = Y   Y = Y   Y = Y   Y = Y   Y
City Metairie	State Zip Code LA 70005	Transaction ID : SA11AI.11522  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Southern Pain	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2083.35	
Full Name (Last, First, Middle Initial)  Paul Hubbell MD		Date of Receipt
Mailing Address 236 W. Livingston Place		06 29 2015
City Metairie	State Zip Code LA 70005	Transaction ID : SA11AI.11534  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer Southern Pain	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02	
SUBTOTAL of Receipts This Page (optional	)	1250.01
TOTAL This Period (last page this line numl	per only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  A. Donald Jones MD		Date of Receipt
Mailing Address 200 New York Avenue		06 29 2015
City Oak Ridge	State Zip Code TN 37830	Transaction ID : SA11AI.11533  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer  Comprehensive Pain  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  2000.00	Contribution
Full Name (Last, First, Middle Initial)  Todd Joye MD  Mailing Address 9231 Medical Plaza Drive  City	State Zip Code	Date of Receipt  05 05 2015  Transaction ID: SA11AI.11517
North Charleston  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General	SC 29464  C Occupation Physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  500.00  Contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Eric Loudermilk MD  Mailing Address 112 Carter Oak Rdg.  City	State Zip Code	Date of Receipt  O1 03 2015  Transaction ID: SA11AI.11467
Anderson  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  General  Other (specify)	SC 29621  C Occupation Physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period 500.00  Contribution
SUBTOTAL of Receipts This Page (optional)	······	3000.00
TOTAL This Period (last page this line number		

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  A. Edward Magaziner MD  Mailing Address 2186 Route 27		Date of Receipt
City	State Zip Code	06 26 2015 Transaction ID : SA11AI.11532
New Brunswick	NJ 08902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Vinod Malik MD  Mailing Address 767 N. Beach Street		Date of Receipt  04 09 2015
City Osmond Beach	State Zip Code FL 32174	Transaction ID : SA11AI.11501  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer PRC Associates	Occupation Physicians	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Chandrakala Manchikanti		Date of Receipt
Mailing Address 2075 Natchez Lane		01 05 2015 _
City Paducah	State Zip Code KY 42001	Transaction ID : SA11AI.11468  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer KSA Enterprises, Inc.	Occupation  Executive	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)		6500.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  Laxmaiah Manchikanti MD  Mailing Address 2075 Natchez Lane		Date of Receipt
City Paducah	State Zip Code KY 42001	01 05 2015  Transaction ID : SA11AI.11469  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00  Contribution
Name of Employer  PMCP PSC  Receipt For:	Occupation  Medical Director  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)  Vivekanand Manocha MD  Mailing Address 478 N. Main Street		Date of Receipt
City Springboro	State Zip Code OH 45040	Transaction ID : SA11AI.11491  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00  Contribution
Name of Employer Midwest Spine Intervention Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	- Community
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  W. Stephen Minore MD		Date of Receipt
Mailing Address 2202 Harlem Rd.  City	State Zip Code	01 02 2015 Transaction ID : SA11Al.11466
Loves Park	IL 61111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Rockford Anest. Assoc.	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	11000.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ERVENTIONAL PAIN PHYSICIAN	
Full Name (Last, First, Middle Initial)  Richard Morgan MD  Mailing Address 8805 Deer Run Terrace		Date of Receipt
City	State Zip Code	05 28 2015 Transaction ID : SA11AI.11523
Lenexa	KS 66220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer St. Joseph Anesthesia	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Richard Morgan MD  Mailing Address 8805 Deer Run Terrace		Date of Receipt  06 29 2015
City Lenexa	State Zip Code KS 66220	Transaction ID : SA11AI.11535
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer St. Joseph Anesthesia	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  C. James Newton MD		Date of Receipt
Mailing Address 5101 Covington Court		01 28 _ 2015 _
City Columbia	State Zip Code MO 65203	Transaction ID : SA11AI.11474  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
SUBTOTAL of Receipts This Page (optional)		465.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  A. Ram Pasupuleti MD		Date of Receipt
Mailing Address 15621 Bridlegate Dr.		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.11531
Louisville	KY 40299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  3. Cyril Philip MD		Date of Receipt
Mailing Address 285 Third Street, Suite 242		04 10 2015
City	State Zip Code	Transaction ID : SA11AI.11507
Cambridge	MA 02142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Mernard Medical School	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Jimmy Ponder MD		Date of Receipt
Mailing Address 208 Acadia Woods Dr.		01 21 2015
City Thibodaux	State Zip Code LA 70301	Transaction ID : SA11AI.11470  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	4365.00
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Leonid Reyfman		Date of Receipt
Mailing Address 2279 Coney Island Avenue		06 29 2015
City Brooklyn	State Zip Code NY 11223	Transaction ID : SA11AI.11541
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer Pain Physicians NY Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date \$\frac{2000.00}{}	
Full Name (Last, First, Middle Initial)  Francis Riegler MD  Mailing Address 3827 Castlerock Rd.		Date of Receipt  02 27 2015
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.11488
FEC ID number of contributing federal political committee.	C 90203	Amount of Each Receipt this Period  166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.34	
Full Name (Last, First, Middle Initial)  Francis Riegler MD		Date of Receipt
Mailing Address 3827 Castlerock Rd.		03 27 _2015 _
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.11494  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  500.01	
SUBTOTAL of Receipts This Page (optional).		2333.34
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Francis Riegler MD  Mailing Address 3827 Castlerock Rd.		Date of Receipt
City Malibu  FEC ID number of contributing federal political committee.  Name of Employer Universal Pain Mgmt. Receipt For:	State Zip Code CA 90265  C  Occupation Physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.11515  Amount of Each Receipt this Period  166.67  Contribution
Primary General Other (specify) ▼	666.68	
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.	State 7in Code	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City  Malibu  FEC ID number of contributing federal political committee.	State Zip Code CA 90265	Transaction ID : SA11AI.11521  Amount of Each Receipt this Period  4333.32
Name of Employer Universal Pain Mgmt.  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  5000.00	- Contribution
Full Name (Last, First, Middle Initial)  Dr. David Schultz  Mailing Address 5950 Ridge Road  City	State Zip Code	Date of Receipt  O1
Shorewood  FEC ID number of contributing federal political committee.	MN 55331	Transaction ID : SA11AI.11465  Amount of Each Receipt this Period  5000.00
Name of Employer  MAPS  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  5000.00	Contribution
SUBTOTAL of Receipts This Page (optional	ı) <b>&gt;</b>	9499.99
TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Vanila Singh MD		Date of Receipt
Mailing Address 711 Bodega Court		04 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fremont	State Zip Code CA 94539	Transaction ID : SA11AI.11506
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer	Occupation	Contribution
Stanford University	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Jan Slezak MD		Date of Receipt
Mailing Address PO Box 246		04 11 2015
City	State Zip Code NH 03824	Transaction ID : SA11AI.11498
Durham  EEC ID number of contributing	3362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Contribution
Interventional Spine Med.	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  C. Kevin Smith MD		Date of Receipt
Mailing Address 2202 S. Milwaukee St.		04 02 2015
City Denver	State Zip Code CO 80210	Transaction ID : SA11AI.11496
FEC ID number of contributing federal political committee.	C 60210	Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	Contribution
Metro Denver Anesthesia	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1865.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial)  Amol Soin MD  Mailing Address 2201 Annandale Place		Date of Receipt
	State 7in Code	04 10 2015
City Xenia	State Zip Code OH 45385	Transaction ID : SA11AI.11505  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Ohio Pain Clinic	Occupation Physician	- Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	_
Full Name (Last, First, Middle Initial)  Peter Staats MD  Mailing Address 47 Orchard Lane	<b>'</b>	Date of Receipt
City Colts Neck	State Zip Code NJ 07722	05 05 2015  Transaction ID : SA11AI.11518  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Premier Pain Centers	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  C. Michael Stanton-Hicks MD		Date of Receipt
Mailing Address 11405 Clearfield Lane		05 25 _ 2015 _
City Chardon	State Zip Code OH 44024	Transaction ID : SA11AI.11520  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cleveland Clinic	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (ontional	l) <b>&gt;</b>	7750.00
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or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	I PAC				
Full Name (Last, First, Middle Initial)  A. Renata Variakojis MD  Mailing Address 5610 South PArt Avenue		Date of Receipt				
City	State Zip Code	04 10 2015 Transaction ID : SA11AI.11509				
Hinsdale  FEC ID number of contributing federal political committee.	IL 60521	Amount of Each Receipt this Period  2000.00				
Name of Employer Self Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	Contribution				
Primary General Other (specify) ▼	2000.00					
Full Name (Last, First, Middle Initial)  Mailing Address	Date of Receipt					
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С					
Name of Employer	Occupation					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial)	·	Date of Receipt				
Mailing Address  City	State Zip Code	M = M / D = D / Y = Y = Y				
FEC ID number of contributing	C Zip code	Amount of Each Receipt this Period				
federal political committee.  Name of Employer	Occupation					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional	I)	2000.00				
TOTAL This Period (last page this line num	ber only)	87083.70				

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial)  Bantera Bank  Mailing Address, 2454 Jackson Street		Date of Receipt
Mailing Address 3151 Jackson Street		02 28 7 2015
City	State Zip Code	Transaction ID : SA17.11413
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	198.60
Name of Employer	Occupation	Dividends
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  397.19	
Full Name (Last, First, Middle Initial)  Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		02 28 2015
City	State Zip Code	Transaction ID : SA17.11414
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	6364.64
Name of Employer	Occupation	Change in investment
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 6761.83	
Full Name (Last, First, Middle Initial)  C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		03 31 2015
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.11419  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	3.23
Name of Employer	Occupation	Interest
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 6765.06	
SUBTOTAL of Receipts This Page (optional)		6566.47
TOTAL This Period (last page this line number	<u>^</u>	

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NAME OF COMI AMERICAN		RVENTIONAL PAIN PHYSICIAN	PAC
A. Bantera Bank	First, Middle Initial)  C  3151 Jackson Street		Date of Receipt
	3131 Jackson Street		03 31 2015
City		State Zip Code	Transaction ID : SA17.11420
Paducah		KY 42003	Amount of Each Receipt this Period
FEC ID number federal political c	•	С	977.44
Name of Employ	er	Occupation	Dividends
Receipt For: Primary Other (spec	☐ General cify) ▼	Aggregate Year-to-Date ▼  7742.50	
Full Name (Last, Bantera Ban	First, Middle Initial) <b>k</b>		Date of Receipt
Mailing Address	3151 Jackson Street		04 30 2015
City		State Zip Code	Transaction ID : SA17.11421
Paducah		KY 42003	Amount of Each Receipt this Period
FEC ID number federal political c	S .	С	4.84
Name of Employ	er	Occupation	Interest
Receipt For: Primary Other (spec	☐ General	Aggregate Year-to-Date ▼  7747.34	
Full Name (Last, <b>C. Bantera Bar</b>	First, Middle Initial)		Date of Receipt
Mailing Address	3151 Jackson Street		04 30 _ 2015 _
City Paducah		State Zip Code KY 42003	Transaction ID : SA17.11422  Amount of Each Receipt this Period
FEC ID number federal political c	•	C	192.64
Name of Employ	er	Occupation	Dividends
Receipt For: Primary Other (spec	☐ General	Aggregate Year-to-Date ▼  7939.98	
SUBTOTAL of Rec	ceipts This Page (optional)		1174.92
TOTAL This Period	d (last page this line number	only)	

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 04 30 2015 City State Zip Code Transaction ID: SA17.11423 42003 KY Paducah Amount of Each Receipt this Period FEC ID number of contributing C 2077.86 federal political committee. Change in investment Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 10017.84 Other (specify) Full Name (Last, First, Middle Initial) B. Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 05 2015 31 City State Zip Code Transaction ID: SA17.11427 Paducah ΚY 42003 Amount of Each Receipt this Period FEC ID number of contributing C 5.51 federal political committee. Interest Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10023.35 C.

	,	
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		05 31 _ 2015 _
City	State Zip Code	Transaction ID : SA17.11428
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	193.13
Name of Employer	Occupation	Dividends
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 10216.48	_

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 OF 41	
for each category of the	(check only one)	
Detailed Summary Page	11a 11b 11c 12	
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, , ,	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIO Full Name (Last, First, Middle Initial) Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 31 2015 City State Zip Code Transaction ID: SA17.11429 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 415.20 federal political committee. Change in investment Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 10631.68 Other (specify) Full Name (Last, First, Middle Initial) B. Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 06 30 2015 City State Zip Code Transaction ID: SA17.11430 Paducah KY 42003 Amount of Each Receipt this Period FEC ID number of contributing C 3.47 federal political committee. Interest Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 10635.15 Other (specify) Full Name (Last, First, Middle Initial) c. Bantera Bank Date of Receipt Mailing Address 3151 Jackson Street 30 2015 06 City State Zip Code Transaction ID: SA17.11431 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 871.65 federal political committee. Dividends Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 11506.80 1290.32 SUBTOTAL of Receipts This Page (optional)..... 11308.21 TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the	(ch	eck only	or or	ne)		i		,		
Detailed Summary Page	L	11a		11b		11c		12		_
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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	PAC
Full Name (Last, First, Middle Initial)  A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813		Date of Receipt
	State Zin Code	06 10 2015
City Richmond	State Zip Code VA 23226	Transaction ID : SA16.11439  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00355461	750.00
Name of Employer	Occupation	Remaining General 2014 contribution refund
Receipt For: 2014  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial)  3.  Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Amount of Lauri receipt this renou
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Passint this Paried
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	750.00

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S	CHEDULE B (FEC Form 3X)			FOF	LINE	E NU	JMBER:				PAG	E 31	OF	41
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)		0.4			- 00					
			Summary Page		21b 27	<b>'</b>  -	22 28a		23 28b		24 28c	25 29		26 30b
Δr	y information copied from such Reports and Staten	nents may i	not he sold or us	sed by an		rson				of so			utions	
	for commercial purposes, other than using the name													
	NAME OF COMMITTEE (In Full)													
$ \rangle$	AMERICAN SOCIETY OF INTERV	'ENTIOI	NAL PAIN F	PHYSI	CIAI	N P	PAC							
<u></u>	Full Name (Last, First, Middle Initial)					$\top$								
A.	Bantera Bank						Date of	Disk	ourse	men	t			
	Mailing Address 0454 L. L. O.					4	M = M	/	D	- 1	/ Y	Y Y	Y	
	Mailing Address 3151 Jackson Street						01		3′	1		2015		
	,	State	Zip Code				Trans	actic	חו מי	. 05	321B.1	1410		
	Paducah	KY	42003			_	ITAIIS	actic	טו ווע	. 36	02 I D. I	1410		
	Purpose of Disbursement Credit card fees						Amount	of E	ach	Dish	ursem	ent this	Perio	od
	Candidate Name			Catego	ory/									
				Тур							7	30	0.56	
	Office Sought: House Disbursen Senate		Camanal											
	President	Primary Other (spec	General											
	State: District:	(0,00	····//											
	Full Name (Last, First, Middle Initial)													
В.	Bantera Bank						Date of	Disk	ourse	men	t			
	Mailing Address 3151 Jackson Street					$\dashv$	M = M	/	3	- 1	/ Y	2015	Y	
	Maining Address 3131 Jacksoff Street						Ų,		V			2010		
		State	Zip Code				Trans	actio	on ID	: SE	321B.1	1411		
	Purpose of Disbursement	KY	42003			-								
	Change in investment						Amount	of E	Each	Disb	ursem	ent this	Perio	bc
	Candidate Name			Catego								300	7.80	П
	Office Sought: House Disbursen	nont For:		Тур	9	4		-		-	7	000	7.00	_
		Primary	General											
		Other (spec	cify) 🔻											
	State: District:													
_	Full Name (Last, First, Middle Initial)						Date of	Diek		m o n				
C.	Bantera Bank						M M	ואוט	Juise	_		YY	V	
	Mailing Address 3151 Jackson Street					1	02		28			2015		
	Oit.	21-1-	Zin Onda			-								
	,	State KY	Zip Code 42003				Trans	actic	n ID	: SE	321B.1	1415		
	Purpose of Disbursement Credit card fees					1								
	Candidate Name						Amount	of E	Each	Disb	ursem	ent this	Perio	bc
	Candidate Name			Catego Typo			Г.					41	2.39	П
	Office Sought: House Disbursen	nent For:		.,,,		$\dashv$				_	7			
		Primary	General											
	State: President State:	Other (spe	city) 🔻											
г	State. District.													_
s	UBTOTAL of Disbursements This Page (optional)				🕨							372	0.75	
H							<del>-</del>			Ŧ	7			=
т	OTAL This Period (last page this line number only)				▶						7			

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SCHEDULE B (FEC Form 3X)			, FOR LINE	NE NUMBER: PAGE 32							
ITE	MIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlook orliy orlo)								
		Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b						
	information copied from such Reports and Stater										
$\overline{}$	or commercial purposes, other than using the nan	ne and address of any poli	tical committee to	o solicit contributions fi	rom such committee.						
I \	NAME OF COMMITTEE (IN FUII) AMERICAN SOCIETY OF INTER\	/ENTIONAL PAIN	PHYSICIAN	I PAC							
_	Full Name (Last, First, Middle Initial)										
Α.	Bantera Bank			Date of Disbursem							
N	Mailing Address 3151 Jackson Street			02 28	2015						
Ō	Dity	State Zip Code		Transaction ID :	SP21P 11/16						
	Paducah Purpose of Disbursement	KY 42003	T	Transaction ib .	36216.11410						
	Brokerage fees			Amount of Each D	isbursement this Period						
7	Candidate Name		Category/		359.00						
7	Office Sought: House Disburser	mont For:	Туре		355.00						
	Senate Disburser	Primary General									
	President	Other (specify) ▼									
_	State: District:										
_	Full Name (Last, First, Middle Initial)			Data of Dishurasm	ant						
В.	Bantera Bank			Date of Disbursem	ent						
N	Mailing Address 3151 Jackson Street			03 31	2015						
	•	State Zip Code		Transaction ID :	SB21B.11417						
	Paducah Purpose of Disbursement	KY 42003	I								
-	Credit card fees			Amount of Each D	isbursement this Period						
7	Candidate Name		Category/ Type		86.59						
Ō	Office Sought: House Disburser										
	Senate President	Primary General Other (specify) ▼									
5	State: District:	Other (specify)									
	Full Name (Last, First, Middle Initial)			Date of Disbursem	ont						
<b>C</b> .	Bantera Bank			M M / D D	/ Y Y Y Y Y						
N	Mailing Address 3151 Jackson Street			03 31	2015						
	,	State Zip Code KY 42003		Transaction ID :	SB21B.11418						
F	Paducah Purpose of Disbursement	42003		-							
	Change in investment		Amount of Each D	isbursement this Period							
(	Candidate Name		Category/ Type		2778.25						
(	Office Sought: House Disburser			7							
	Senate	Primary General									
ç	President  State: District:	Other (specify) ▼									
	District.										
su	IBTOTAL of Disbursements This Page (optional)				3223.84						
$\vdash$	<u> </u>										
TO	TAL This Period (last page this line number only)										

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SCHEDULE B (FEC Form 3				PAGE 33 OF 41
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	he   (oncoil o	(check only one)  X 21b 22 23 24	
	Detailed Summary Pa			23 24 25 26 28b 28c 29 30k
Any information copied from such Reports a	nd Statements may not be sold o			
or for commercial purposes, other than usin				
NAME OF COMMITTEE (In Full)				
$ \:  angle$ AMERICAN SOCIETY OF II	NTERVENTIONAL PAIN	N PHYSICIA	N PAC	
Full Name (Last, First, Middle Initial)				
A. Bantera Bank			Date of I	Disbursement
			M = M	/ D D / Y Y Y Y Y
Mailing Address 3151 Jackson Street			04	30 2015
City	State Zip Code			
Paducah	KY 42003		Transa	ction ID : SB21B.11424
Purpose of Disbursement Credit card fees			ī	(5   5   5   1   1   1   1   1   1   1
Candidate Name			Amount	of Each Disbursement this Period
Candidate Name		Category/ Type		691.42
Office Sought: House	Disbursement For:	71:-		
Senate	Primary General	al		
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. Bantera Bank			Date of I	Disbursement
			M = M	/ D D / Y Y Y Y Y
Mailing Address 3151 Jackson Street			04	30 2015
City	State Zip Code		Transa	ction ID : SB21B.11425
Paducah Purpose of Disbursement	KY 42003		_	
Brokerage fees			Amount	of Each Disbursement this Period
Candidate Name		Category/	·	353.15
Office Sought: House	Disbursement For:	Туре		000.10
Senate	Primary General	al		
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of I	D'alama and a
C. Bantera Bank				Disbursement
Mailing Address 3151 Jackson Street			05	31 2015
City Paducah	State Zip Code KY 42003		Transa	ction ID : SB21B.11426
Purpose of Disbursement				
Credit card fees			Amount of	of Each Disbursement this Period
Candidate Name		Category/ Type		297.01
Office Sought: House	Disbursement For:	Туре		7
Senate	Primary General	al		
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (	ontional)			1341.58
CODICIAL OF DISDUISEMENTS THIS FAGE (	γρισται)	······		7 7 7 7
TOTAL This Period (last page this line nur	nber only)			7

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34 OF 4
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 22 28a 28b 28c 29 3
Any information copied from such Reports and State	ments may not be sold or use		
or for commercial purposes, other than using the nati			
NAME OF COMMITTEE (In Full)			
$ \; angle$ AMERICAN SOCIETY OF INTERV	VENTIONAL PAIN P	HYSICIAN	PAC
Full Name (Last First Middle Initial)		1	
Full Name (Last, First, Middle Initial)  A. Bantera Bank			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 3151 Jackson Street			06 30 2015
City	State Zip Code		
Paducah	KY 42003		Transaction ID : SB21B.11432
Purpose of Disbursement	1.12		
Credit card fees			Amount of Each Disbursement this Period
Candidate Name	'	Category/	272.71
Office Sought: House Disburse	ment For:	Type	
Senate Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishursament
B. Bantera Bank			Date of Disbursement
Mailing Address 3151 Jackson Street			06 30 _ 2015 _
City	State Zip Code KY 42003		Transaction ID : SB21B.11433
Paducah Purpose of Disbursement	KY 42003		
Change in investment			Amount of Each Disbursement this Period
Candidate Name		Category/	5102.20
0.00		Туре	5103.29
Office Sought: House Disburse Senate	ment For:    Primary   General   Gen		
President	Other (specify)		
State: District:	, , , , , , <del>,</del>		
Full Name (Last, First, Middle Initial)			
<ul><li>C. Internal Revenue Service</li></ul>			Date of Disbursement
Mailing Address Internal Revenue Service Center			03 31 2015
maining Address Internal Revenue Service Center			31 2013
City	State Zip Code		Transaction ID : SB21B.11438
Ogden Purpose of Disbursement	UT 84201		. Idiodollon ID . ODZ ID. 11400
Payment to IRS			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5868.00
	ment For:		
Senate President	Primary General		
State: District:	Other (specify) ▼		
2.5			
SUBTOTAL of Disbursements This Page (optional).			11244.00
,			
TOTAL This Period (last page this line number only	·)		19530.17

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 35 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s	)   FOR LINE (check only	NOMBELL:					
TI EMILED DIODOTTOLIVILIATO	for each category of the Detailed Summary Page	` 21b	22 🗙 23 24 25 26					
	Dotailed Suffilliary Fage	27	28a 28b 28c 29 30b					
Any information copied from such Reports and State								
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		<u></u>						
angle AMERICAN SOCIETY OF INTER	VENTIONAL PAIN I	PHYSICIAN	PAC					
Full Name (Last, First, Middle Initial)								
A. ANDY BARR FOR CONGRESS,	NC		Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address PO BOX 2059			06 26 2015					
City	State Zip Code							
LEXINGTON	KY 40588		Transaction ID : SB23.11446					
Purpose of Disbursement								
Contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	5000.00					
GARLAND ANDY BARR		Туре	3000.00					
Office Sought: House Disburse Senate	ement For: 2016 Primary General							
President	Other (specify)							
State: KY District: 06	Canon (opcomy)							
Full Name (Last, First, Middle Initial)								
B. BENISHEK FOR CONGRESS			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 802 Pentoga Trail			05 12 2015					
City	State Zip Code							
Crystal Falls	MI 49920		Transaction ID : SB23.11443					
Purpose of Disbursement								
Contribution			Amount of Each Disbursement this Period					
Candidate Name  DANIEL J BENISHEK		Category/	5000.00					
	ement For: 2016	Type						
Senate	Primary General							
President	Other (specify) ▼							
State: MI District: 01								
Full Name (Last, First, Middle Initial)								
c. BOB GOODLATTE FOR CONGR	ESS COMMITTEE		Date of Disbursement					
Mailing Address P.O. BOX 292			05 29 2015					
Mailing Address F.O. BOX 292			20 2010					
City	State Zip Code		Transaction ID : SB23.11460					
ROANOKE	VA 24002		Transaction is . Obzo.11400					
Purpose of Disbursement Contribution								
Candidate Name		0.1	Amount of Each Disbursement this Period					
ROBERT W. GOODLATTE		Category/ Type	1000.00					
	ement For: 2016							
Senate	Primary General							
President	Other (specify) ▼							
State: VA District: 06								
SUPTOTAL of Dishursomente This Dage (astists 1)			11000.00					
SUBTOTAL of Disbursements This Page (optional)		<u> </u>						
TOTAL This Period (last page this line number onl	/)							

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 36 OF 41
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERV	ENTIONAL DAIN D		DAC
AWERICAN SOCIETY OF INTERV	ENTIONAL PAIN FI	TISICIAN	PAC
Full Name (Last, First, Middle Initial)			B (B) .
A. BOB GOODLATTE FOR CONGRE	SS COMMITTEE		Date of Disbursement
Mailing Address P.O. BOX 292			05 29 2015
0.4	Mata Z'o Oada		
City S ROANOKE	State Zip Code VA 24002		Transaction ID : SB23.11461
Purpose of Disbursement			
Contribution Candidate Name			Amount of Each Disbursement this Period
ROBERT W. GOODLATTE		Category/ Type	4000.00
	nent For: 2016	1,700	
	Primary General		
State: VA District: 06	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. DEVIN NUNES CAMPAIGN COM	<b>NITTEE</b>		Date of Disbursement
Mailing Address PO BOX 6545			03 16 2015
Mailing Address PO BOX 6545			03 16 2013
•	State Zip Code		Transaction ID : SB23.11442
VISALIA Purpose of Disbursement	CA 93290		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
DEVIN GERALD NUNES  Office Sought:	nent For: 2016	Туре	
	Primary General		
President	Other (specify) ▼		
State: CA District: 21			
Full Name (Last, First, Middle Initial)  C. FRIENDS OF SUSAN BROOKS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 9425 N MERIDIAN STREET # 237			05 21 2015
	State Zip Code		Transaction ID : SB23.11452
INDIANAPOLIS Purpose of Disbursement	IN 46260		Transaction in . 3523.11432
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
SUSAN MRS. BROOKS		Type	5000.00
	nent For: 2016 Primary General		
President	Other (specify) ▼		
State: IN District: 05			
OUDTOTAL of Disharana at Title Barrier in			14000.00
SUBTOTAL of Disbursements This Page (optional)		······	1400.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 37 OF 41
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TVO IVIDETT:
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NAME OF COMMITTEE (In Full)			
$  angle$ AMERICAN SOCIETY OF INTER\	/ENTIONAL PAIN PI	HYSICIAN	PAC
Full Name (Last, First, Middle Initial)			
A. JOHN S FUND			Date of Disbursement
OCTIVE TONE			M M / D D / Y Y Y Y
Mailing Address PO BOX 853			03 12 2015
City EDWARDSVILLE	State Zip Code IL 62025		Transaction ID : SB23.11441
Purpose of Disbursement	1L 62025		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5000.00
Office Sought: House Disburse	ment For: 2016		
Senate	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)  B. POMPEO FOR CONGRESS INC			Date of Disbursement
5. FOWFEO FOR CONGRESS INC			M M / D D / Y Y Y Y
Mailing Address PO BOX 780146			06 30 2015
,	State Zip Code		Transaction ID : SB23.11447
WICHITA Purpose of Disbursement	KS 67212		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
MICHAEL R POMPEO		Type	5000.00
Office Sought: House Disburse	ment For: 2016		
Senate	Primary General		
President 0.4	Other (specify) ▼		
State: KS District: 04			
Full Name (Last, First, Middle Initial)  C. RAND PAUL VICTORY COMMITT	·EE		Date of Disbursement
S. RAIND PAUL VICTORY COMMITT			M M / D D / Y Y Y Y
Mailing Address PO BOX 72190			06 18 _ 2015 _
,	State Zip Code		Transaction ID : SB23.11463
NEWPORT Purpose of Disbursement	KY 41072		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5000.00
	ment For: 2016		,
Senate	Primary General		
President Pictriot:	Other (specify) ▼		
State: District:			
SUPTOTAL of Disburgamenta This Base (entional)			15000.00
SUBTOTAL of Disbursements This Page (optional)		·····	
TOTAL This Period (last nage this line number only			

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 38 OF 41		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)				
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	Detailed Sulfillidity Fage	27	28a 28b 28c 29 30b		
Any information copied from such Reports and State					
or for commercial purposes, other than using the na	me and address of any politic	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	/=\	N. D. (6 : 5 : :			
$ \; angle$ AMERICAN SOCIETY OF INTER'	/ENTIONAL PAIN F	PHYSICIAN	PAC		
Full Name (Last, First, Middle Initial)		I			
A. RAND PAUL VICTORY COMMIT	TEE		Date of Disbursement		
TO THE TABLE VIOLENT COMMIT			M M / D D / Y Y Y Y		
Mailing Address PO BOX 72190			06 18 2015		
City	Otata 7:a Oada				
City NEWPORT	State Zip Code KY 41072		Transaction ID : SB23.11464		
Purpose of Disbursement	41072				
Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
		Type	5000.00		
	ment For: 2016				
Senate	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. SCALISE FOR CONGRESS			Date of Disbursement		
CONCIDE I ON CONCINED			M M / D D / Y Y Y Y		
Mailing Address PO BOX 23219			05 28 2015		
City	State Zip Code LA 70183		Transaction ID : SB23.11549		
JEFFERSON Purpose of Disbursement	LA 70103				
Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
STEVE MR. SCALISE		Type	5000.00		
	ment For: 2016				
	Primary General				
President State: LA District: 01	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. SCALISE LEADERSHIP FUND			Date of Disbursement		
SOME CEMBEROLIII 1 SIND			M M / D D / Y Y Y Y		
Mailing Address 317 15TH ST NE			05 28 2015		
City WASHINGTON	State Zip Code DC 20002		Transaction ID: SB23.11550		
Purpose of Disbursement	20002				
Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
		Type	5000.00		
	ment For: 2016				
Senate President	Primary General				
State: District:	Other (specify) ▼				
State. District.					
SUBTOTAL of Disbursements This Page (optional).			15000.00		
TOTAL This Period (last page this line number only	)		1		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 3	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	Lents may not be sold or use		
or for commercial purposes, other than using the nam	ne and address of any political	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
$ \hspace{.05cm} \rangle$ AMERICAN SOCIETY OF INTERV	'ENTIONAL PAIN PI	HYSICIAN	PAC
Full Name (Last, First, Middle Initial)			
A. THOROUGHBRED PAC			Date of Disbursement
Matter Address DO DOV COM			M M / D D / Y Y Y Y
Mailing Address PO BOX 65116  C/O ARENT FOX PLLC			04 03 2015
	State Zip Code		T ID ODGG 44550
WASHINGTON	DC 20035		Transaction ID : SB23.11558
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		0.1	Amount of Lacif Disbursement this Feriou
		Category/ Type	5000.00
	nent For: 2016		
	Primary General		
State: President State:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. VOLUNTEERS FOR SHIMKUS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P.O. Box 5458			03 12 2015
	State Zip Code IL 62705		Transaction ID : SB23.11440
Springfield Purpose of Disbursement	1L 02/05		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
JOHN M SHIMKUS  Office Sought:	nent For: 2016	Туре	3000.00
	Primary General		
President	Other (specify) ▼		
State: IL District: 19	•		
Full Name (Last, First, Middle Initial)			
C. WALDEN FOR CONGRESS INC			Date of Disbursement
Mailing Address PO Box 1091			02 18 2015
,	State Zip Code OR 97031		Transaction ID : SB23.11436
Purpose of Disbursement	37031		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
GREGORY P MR. WALDEN  Office Sought:	nent For: 2016	Туре	0000.00
Senate Sought.	Primary General		
President	Other (specify) ▼		
State: OR District: 02			
			45000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	15000.00
TOTAL This Period (last page this line number only)			
I			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 40 OF 41	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,		
	Detailed Summary Page	21b	22 X 23 28a 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Stater	l nents may not be sold or us				
or for commercial purposes, other than using the nan	ne and address of any politic	al committee to	solicit contributions fr	om such committee.	
NAME OF COMMITTEE (In Full)					
$ \hspace{.05cm} \rangle$ AMERICAN SOCIETY OF INTERV	'ENTIONAL PAIN P	HYSICIAN	PAC		
Full Name (Last, First, Middle Initial)					
A. WHITFIELD FOR CONGRESS CO	MMITTEE		Date of Disburseme	ent	
Mailing Address P.O. BOX 391			04 03	2015	
Mailing Address F.O. BOX 591			04 03	2013	
•	State Zip Code		Transaction ID : \$	SB23.11559	
HOPKINSVILLE Purpose of Disbursement	KY 42241				
Contribution			Amount of Each Di	sbursement this Period	
Candidate Name		Category/		5000.00	
ED WHITFIELD		Type		5000.00	
	nent For: 2016 Primary General				
President	Other (specify)				
State: KY District: 01					
Full Name (Last, First, Middle Initial)					
В.			Date of Disburseme		
Mailing Address			M M / D D	/	
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each Di	sbursement this Period	
Candidate Name		Category/			
Office Sought: House Disburser	nent For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  C.			Date of Disburseme	ant	
0.			M M / D D	/	
Mailing Address					
City	State Zip Code				
Oity	State Zip Gode				
Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type			
Office Sought: House Disburser	ment For:	.,,,,			
Senate	Primary General				
President District:	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				5000.00	
TOTAL This Period (last page this line number only)		·····•		75000.00	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 41 OF 41			
ITEMIZED DISBURSEMENTS		(check only	one)		
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c <b>x</b> 29 30b		
Annihitanihitanihitanih Baratanih Olah			<b>X</b>		
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)	, , ,				
AMERICAN SOCIETY OF INTERN	/ENTIONAL PAIN PH	IYSICIAN	PAC		
Field Name (Look First Middle Livi )		+			
Full Name (Last, First, Middle Initial) <b>A.</b> ASIPP			Date of Disbursement		
··· AOIFF			M M / D D / Y Y Y Y		
Mailing Address 2831 Lone Oak Road			01 09 2015		
City	State 7in Cada				
City Paducah	State Zip Code KY 42003		Transaction ID : SB29.11563		
Purpose of Disbursement					
Transfer of individual dues mistakenly deposited in	to wrong ASIPP account.		Amount of Each Disbursement this Period		
Candidate Name		Category/	1015.00		
Office Sought: House Disburse	ment For:	Туре	, , , , ,		
Senate Disburse	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Dishursans-		
В.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
City	State Zip Code				
Purpose of Disbursement	Ι.				
·			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought	ment Fer	Туре			
Office Sought: House Disburser Senate	ment For:  Primary General				
President	Other (specify)				
State: District:	··· •				
Full Name (Last, First, Middle Initial)	<u> </u>				
C.			Date of Disbursement		
Mailing Address			M - M / D - D / Y - Y - Y		
City	State Zip Code				
Purpose of Disbursement					
,			Amount of Each Disbursement this Period		
Candidate Name		Category/			
000		Туре			
Office Sought: House Disburser Senate	ment For:  Primary General				
President	Other (specify)				
State: District:	· (-1: 3/ •				
SUBTOTAL of Disbursements This Page (optional)			1015.00		
TOTAL This Decid floor	<b>.</b>		1015.00		
TOTAL This Period (last page this line number only)	)		1010.00		